PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with licable fee(s), to: Mail JUN 0 7 2005

Mail Stop ISSUE THE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000



or Fax

INSTRUCTIONS: This form should used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below of directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

CURRENT CORRESPONDENCE	CE ADDRESS (Note: Use Block 1 fo	r any change of address)	Fee(s) Transmittal. 7	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying			
28970 7590 03/07/2005				have its own certification	papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
SHAW PITTMAN IP GROUP 1650 TYSONS BOULEVARD SUITE 1300				I hereby certify that States Postal Service addressed to the M transmitted to the US			
MCLEAN, VA 22	102			(Depositor's name)			
06/09/2005 MBEYÉNE2 000	00140 10075299					(Signature)	
01 FC:2501 02 FC:8001	700.00 OP			L		(Date)	
APPLICATION NO.	FILING DATE		FIRST NAME	ED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/075,299 02/15/2002			Christopher A. Lizell		LIZ0003-DIV.	9784	
TITLE OF INVENTION: M	IODULAR SUPPORT SYS	ТЕМ					
APPLN, TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$0	\$700	06/07/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
LE, THANH TAM T		2839		439-210000			
"Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND	lence address (or Change of 22) attached. ion (or "Fee Address" Indicor more recent) attached. Us RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion	Correspondence ation form e of a Customer BE PRINTED ON Telow, no assignee of this form is NO	(1) the na or agents (2) the na registered 2 register listed, no THE PATEN data will app T a substitute	nting on the patent front page, ames of up to 3 registered pato OR, alternatively, ame of a single firm (having as a attorney or agent) and the na ed patent attorneys or agents. I name will be printed. T (print or type) Dear on the patent. If an assigner on the patent. T (CE: (CITY and STATE OR CO	ent attorneys 1 P1115 Shaw s a member a mes of up to If no name is 3 gnee is identified below, the	bury Winthrop Pittman LLP document has been filed for	
Please check the appropriate					Corporation or other private gr	oup entity Government	
4a. The following fee(s) are XKIssue Fee	enclosed:		4b. Payment of Fee(s): ' ' X A check in the amount of the fee(s) is enclosed.				
	mall entity discount permitte		Payment by credit card. Form PTO-2038 is attached.				
XAdvance Order - # of			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1390 (enclose an extra copy of this form).				
5. Change in Entity Status XXa. Applicant claims SN	(from status indicated above MALL ENTITY status. See	;)		cant is no longer claiming SM		<u> </u>	
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	iblication Fee (if required) v	will not be accepted	l from anyon	ny) or to re-apply any previous e other than the applicant; a re	sly paid issue fee to the applic gistered attorney or agent; or t	ation identified above. he assignee or other party in	
Authorized Signature	Runnen)	Ein 41,	009)	Date	June 7, 2005		
Typed or printed name	Michael Bedn	arek		Registratio	n No. 32,329		
an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	ty is governed by 35 U.S.C. plication form to the USPT for reducing this burden, sh nia 22313-1450. DO NOT 1450.	O. Time will vary nould be sent to the SEND FEES OR C	I.14. This co depending use Chief Information COMPLETER	to obtain or retain a benefit by llection is estimated to take 12 pon the individual case. Any control of the c	I minutes to complete, including comments on the amount of tit of Trademark Office, U.S. Dept. S. SEND TO: Commissioner	ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	